M. Dron regards the presence of syphilitic epididymitis as being always indicative of a severe syphilitic affection of the system, especially when the local disease returns frequently and is very intense. In all the cases, however, which have come under his notice, the disease has been subdued by treatment.

The lesion of the epididymis rarely exists alone; and hence the treatment is generally guided by the concomitant symptoms. Thus, according as secondary or tertiary symptoms have been present, mercury, iodide of potassium, or a mixed treatment, has been used. The duration of the treatment requisite for the disappearance of the tumour has varied from a fortnight to nine months.—*Brit. Med. Journ.*, Sept. 3, 1864, from *Archiv. Génér. de Méd.*

28. *Tracheotomy in Diphtheria.*—Dr. George Buchanan, of Glasgow, in a paper read before the British Medical Association, at its meeting in August last, advocated the performance of tracheotomy, under certain circumstances, in diphtheria. He stated that he had performed the operation twenty-one times. "Seven of the patients recovered, and fourteen died. But it is improper to judge of its value from such limited statistics. In the hands of surgeons who have had larger experience, the mortality seems to be about three out of four operations. Even among the French, who resort to it much earlier, the average success is one in four. So, then, in view of numerical statistics, the results are not very encouraging. But I have all along held that this, of all surgical operations, is not to be tested by statistics. It is to be borne in mind, that the disease for which it is practised is a most dangerous one, and, at the stage of obstructed respiration, is almost certainly fatal. The question, then, is: When it has advanced beyond the control of medicine, can the surgeon hold out a hope of life? Has the operation saved the lives of any whose case has become hopeless? That it has done so is beyond doubt; and that it would be still more valuable I have no hesitation in believing, if it were firmly pressed on the parents at a suitable stage.

"The operation for strangulated inguinal hernia is a very successful one, if resorted to immediately after a fair trial of the taxis has failed in reducing the tumour; but, if delayed for twelve or twenty-four hours, it becomes a vast deal more dangerous. Do we, therefore, hesitate to give the patient the benefit of our surgical operation, because he will not yield to our representation at the first? And would we be justified in collecting our statistics from those cases in which strangulation has existed longer than we desire?

"In diphtheria, the average success of tracheotomy is not the question; but, Can we save lives which would otherwise be lost? When I first performed this operation in diphtheria, I was afraid that the general disease would be a contra-indication to its performance; but experience has shown that it may be performed with safety and success, whether the primary disease has been croup or the other. I would not perform it in a case where the vital powers were completely prostrated by the pre-existing malady; in other words, where the patient was dying of asthenia. Approaching suffocation, with fair strength, is the proper indication.

"Even in the cases which ultimately proved fatal, the relief to the urgent dyspnœa was sufficient to warrant the operation; and to show that, if performed at the proper time, there is a fair chance of success. It is a very remarkable thing, which I have observed in almost every instance, that as soon as the operation is safely concluded, and the tube lodged in the trachea, the child falls asleep, apparently worn out by the previous restlessness and want of sleep, which has been the most distressing symptom for the twenty-four or forty-eight hours preceding; the tranquillity of the respiration affording a rest to the exhausted powers of the sufferer. When the operation fails to afford permanent relief, death rarely occurs from suffocation, but usually the child dies from exhaustion—a much less painful and harassing mode of death than the fearful struggles which precede death from suffocation. In this lower view, I think the operation is warranted.

"But the important question is, Could we not save more lives by performing the operation earlier in the disease? It seems undoubted that, when symptoms of laryngeal complication occur, the hope of recovery is but small. No doubt,

isolated cases do occur; but I appeal to the experience of those who have seen a great deal of this disease, whether recovery is not a rare thing after we are satisfied that the exudation has spread into the air-passages. The great object of treatment is to subdue the disease before this has occurred; and in a great majority of cases, under proper management, the symptoms will yield and disappear; but in others it will advance, notwithstanding the most sedulous attention, and prove fatal in a very large number, as the returns of the Registrar-General will show. In an advanced stage, it is not very difficult to assert that the case will certainly prove fatal; and even then, if the tendency to death is by apnœa, more than asthenia, the operation ought to be had recourse to without delay.

"But I believe that, in an earlier stage than this, the operation would be much more successful. When the medical treatment has been fairly tried, and failed to arrest the disease; when the respiration begins to be laboured and crowing—the result of exudation into the larynx—then, I think, is the time to operate. In almost all cases, the symptoms become aggravated; and the strength is worn out by the struggle before the relief is given, if not taken at that point. I am convinced that further experience will enable medical men to ascertain a stage at which the operation will be justifiable, with a fair prospect of success.

"The operation is one that every practitioner ought to hold himself prepared to undertake on an emergency; still it is one difficult of execution, and to be gone about with great caution. In children, the trachea lies very deep; and the encroachment of the thymus gland from below, and the isthmus of the thyroid from above, leave a very small space in which the incision can with safety be made. The continual movements of the trachea, caused by the obstructed respiration, render it difficult to be reached with safety. The steps of the operation should be proceeded with, quietly, calmly, slowly, and with great regularity. The operator should dissect carefully down to the trachea. Layer after layer of tissue must be carefully divided, and held aside till the rings of the trachea can be seen clearly at the bottom of the wound. Any bleeding must be arrested before the opening is made. When the tracheal rings are fairly exposed, a sharp hook is to be placed at the upper part, and a bistoury plunged firmly into the tube, and made to cut a slit nearly a quarter of an inch long. After the spasm attending the opening has subsided, the tube can usually be easily introduced.

"In the after management of the case, the points I have found most essential are, to keep the tube clear; to diffuse some steam through the apartment; and to give milk or beef-tea, and perhaps a little wine or some kind of fluid nourishment. The trachea soon becomes tolerant of the tube, which can be retained five or even seven days, if need be."—*British Med. Journ.*, Sept. 17, 1864.

29. *New Mode of Amputating the Thigh at the Knee.*—At the recent annual meeting of the Association of German Naturalists and Physicians at Giessen, the section on surgery had a lively discussion on the merits of a new mode for amputating the thigh at the knee, excogitated by Gritti; in it the thigh-bone is sawn off through the condyles, or at the epiphysal line, and the anterior flap is allowed to retain the patella, which it is intended to heal upon the sawn surface of the femur. Dr. Lücke had done this operation in four cases. The first was that of a soldier, who had received a shot into the knee at Missunde; he died in the second week, of purulent discharges; the patella was not united to the femur. The second case dated from the storming of Düppel. Here the patella became firmly united with the saw-cut on the femur, and the patient had an excellent stump; the cicatrix was behind, and had not to sustain any pressure during walking on the stilt-foot. The third and fourth cases both ended fatally. Dr. Lücke communicated another case, from Rotterdam, in which the patella had been perfectly united with the section of the femur. Professor Wagner, of Königsberg, next detailed the result of the dissection of a case of Gritti's operation, which had recovered, but died subsequently of kidney disease. The patella was riding upon the anterior edge of the cut surface of the femur, was thickened and bent, and united to the femur by connective tissue only. Professor Bardeleben, of Greifswalde, preferred amputation in the lower third of the femur to